DOC. NO. 35-05-20-99/08/20

OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH
State of Delaware (107)

005013

LOCAL REG NO.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATE FILE NUMBER

TO FUNERAL DIRECTOR: After certificate has been signed by attending physician and completely filled in by funeral director, remove carbons, file parts 1 and 2 with Registrar within 72 hrs. after death and then use Burial-Transit Permit for disposition of body.

DECEDENT

1. DECEDENT'S NAME (FIRST, MIDDLE, LAST): LAWRENCE A. MC GUIGAN
2. SEX: MALE
3. DATE OF DEATH (MO., DAY, YR.): SEPTEMBER 18, 2006
4. SOCIAL SECURITY NO.: [redacted]
5A. AGE (YRS): 50
5B. UNDER 1 YEAR MONTHS / DAYS:
5C. UNDER 1 DAY HOURS / MINUTES:
6. DATE OF BIRTH (MO., DAY, YR.): [redacted]
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): [redacted]
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO
9. ANATOMICAL GIFT: ☐ CONSENT GRANTED ☒ NOT GRANTED
10A. PLACE OF DEATH (CHECK ONLY ONE, SEE INSTRUCTIONS ON OTHER SIDE): HOSPITAL ☐ INPATIENT ☒ ER/OUTPATIENT ☐ DOA; OTHER ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)
10B. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER): CHRISTIANA CARE HEALTH SERVICES CHRISTIANA HOSPITAL
10C. CITY, TOWN, OR LOCATION OF DEATH: NEWARK
10D. COUNTY OF DEATH: N.C.
11. MARITAL STATUS — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPEC.): [redacted] MARRIED
12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME): [redacted]
13A. DECEDENT'S USUAL OCCUPATION (KIND OF WORK DURING MOST OF WORKING LIFE. DO NOT USE RETIRED): WARDEN
13B. KIND OF BUSINESS/INDUSTRY: DEPT. OF CORRECTIONS
14A. RESIDENCE — STATE: DELAWARE
14B. COUNTY: [redacted] NEW CASTLE
14C. CITY, TOWN, OR LOCATION: [redacted] WILMINGTON
14D. STREET AND NUMBER: [redacted]
14E. INSIDE CITY LIMITS? (YES OR NO): NO
14F. ZIP CODE: 19805
15. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY NO OR YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) ☒ NO ☐ YES (Specify)
16. RACE — AMERICAN INDIAN, BLACK, WHITE, ETC. (SPECIFY): WHITE
17. DECEDENT'S EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): ELEMENTARY/SECONDARY (0-12); COLLEGE (1-4 OR 5+): 1

PARENTS

18. FATHER'S NAME (FIRST, MIDDLE, LAST): [redacted] LAWRENCE A. McGUIGAN
18. MOTHER'S NAME (FIRST, MIDDLE, MAIDEN SURNAME): [redacted] LOUISE HAUG

INFORMANT

20A. INFORMANT'S NAME (TYPE/PRINT): [redacted] JEANETTE McGUIGAN
20B. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE): [redacted]

DISPOSITION

21A. METHOD OF DISPOSITION: ☐ BURIAL ☒ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)
21B. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE): FAMILY CREMATION SERVICES
21C. LOCATION (CITY, TOWN, STATE): WILMINGTON, DE
22A. SIGNATURE OF FUNERAL DIRECTOR: CHARLES F. MEALEY JR.
22B. LICENSE NUMBER (OF LICENSEE): K[redacted]71
23. NAME AND ADDRESS OF FACILITY: MEALEY FUNERAL HOMES PO BOX 2866, WILMINGTON, DE 19805
24. REGISTRAR'S SIGNATURE:
25. DATE FILED (MO., DAY, YR.): SEP 22 2006

PRONOUNCING OFFICIAL

COMPLETE ITEMS 26 A-C ONLY WHEN CERTIFYING PHYSICIAN IS NOT AVAILABLE AT TIME OF DEATH TO CERTIFY CAUSE OF DEATH.

26A. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED SIGNATURE AND TITLE: [redacted] M.D.
26B. LICENSE NUMBER: [redacted]
26C. DATE SIGNED (MO., DAY, YR.): 9/18/06

ITEMS 27-29 MUST BE COMPLETED BY PHYSICIAN OR HOSPICE NURSE WHO PRONOUNCES DEATH

27. TIME OF DEATH: 0602 ☒ AM ☐ PM
28. DATE PRONOUNCED DEAD (MO., DAY, YR.): 9/18/06
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (YES OR NO): Yes

SEE DEFINITION ON OTHER SIDE

CERTIFIER

30A. CERTIFIER (CHECK ONLY ONE)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 26) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying the cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☒ MEDICAL EXAMINER (Did the medical examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

30B. SIGNATURE AND TITLE OF CERTIFIER: ASSISTANT MEDICAL EXAMINER
30C. LICENSE NUMBER: C1[redacted]039
30D. DATE SIGNED (MO., DAY, YR.): SEPTEMBER 19, 2006
31. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 40) (TYPE/PRINT): JENNIE VERSHVOVSKY, M.D., 200 SOUTH ADAMS STREET, WILMINGTON, DE 19801

32A. WAS AN AUTOPSY PERFORMED? ☒ YES ☐ NO
32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ YES ☐ NO
33. MANNER OF DEATH: ☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ UNDETERMINED
34. DATE OF INJURY (MO., DAY, YR.):
35. TIME OF INJURY:
36. INJURY AT WORK? ☐ YES ☐ NO
37. DESCRIBE HOW INJURY OCCURRED:
38. PLACE OF INJURY (AT HOME; FARM; STREET; FACTORY, OFFICE BUILDING, ETC. (SPECIFY)):
39. LOCATION (STREET AND NUMBER OR RURAL ROUTE NUMBER; CITY OR TOWN; STATE):

40. PART I DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE PER EACH LINE.

IMMEDIATE CAUSE (FINAL DISEASE, INJURY OR CONDITION THAT IN YOUR OPINION CAUSED THE DEATH): (A) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO (B):
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY WHICH INITIATED EVENTS RESULTING IN DEATH) LAST
DUE TO (C):
DUE TO (D):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO CAUSE OF DEATH

TO HOSPITAL OR PHYSICIAN — DELAWARE LAW REQUIRES THAT THE DEATH CERTIFICATE BE EXECUTED WITHIN 72 HOURS AFTER DEATH

REV. 9/99

(1) ORIGINAL COPY—STATE